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**Date:** January 4, 2005**To:** Examiner Mark A. Mais  
Group Art Unit: 2664**Fax No.:** (703) 872-9306**Re:** U.S. Patent Application No. 09/713,849  
Filed: November 15, 2000  
Applicants: Daniel Biederman  
Docket No: CISC671  
Attorney: Peggy A. Su**Attached:**

- 1) Transmittal Form (1 pg);
- 2) Amendment A (9 pgs).

**Total Pages (including cover sheet)** 11**CERTIFICATE OF FACSIMILE**

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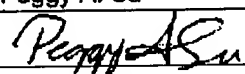
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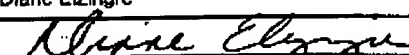
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/713,849
	Filing Date	November 15, 2000
	First Named Inventor	Daniel Biaderman
	Group Art Unit	2664
	Examiner Name	Mark A. Mais
Total Number of Pages in This Submission	Attorney Docket Number	CISCP671

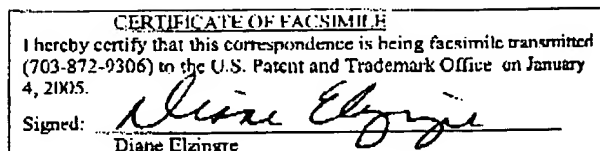
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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Return Postcard  <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 50-1852.
In response to the Office Action mailed October 5, 2004, please make the enclosed of record		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm and Individual name	RITTER, LANG & KAPLAN LLP Peggy A. Su Reg. No. 41,336
Signature	
Date	January 4, 2005

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 09/713,849  
Applicant : Daniel Biederman  
Filed : November 15, 2000  
TC/A.U. : 2664  
Examiner : Mark A. Mais

Confirmation No.: 4811

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Docket No. : CISC671  
Customer No. : 26541  
Title : COMMUNICATION SYSTEM WITH PRIORITY DATA  
COMPRESSION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT A**

Sir:

In response to the Office Action of October 5, 2004, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.